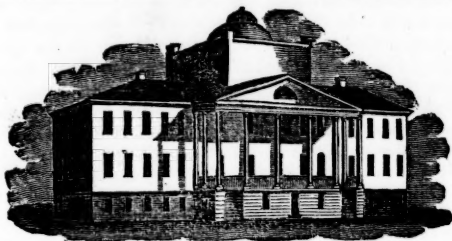


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I.

MORBID EFFECTS OF DENTITION.

By JAMES JACKSON, M.D.

Continued from p. 263.

L. WE come next to inquire what is the *proximate cause* of cholera infantum. This is to be learnt from a consideration of the whole history of the disease; from the symptoms during life, and the appearances discovered in fatal cases after death. If all these were fully and correctly stated in the preceding remarks, a consideration of them will lead us to the proximate cause.

LI. In section xvii. the symptoms of the diarrhœa of teething children are traced to dyspepsia, or indigestion, and to an irritation of the chylopoietic viscera generally. This diarrhœa approaches in many of its characters to the cholera, yet there are some very important differences between the two diseases, when exhibited in their most exquisite forms. The following symptoms belong to the

latter, and not to the former disease, viz. pain or uneasiness after taking any thing into the stomach, the frequent rejection of the food shortly after it is swallowed, increased thirst, irregularity in the actions of the bowels, and the retention in them of fœcal matter. But above all, we notice in the cholera a prostration of strength, an emaciation, and a shrinking of the whole body, accompanied by febrile paroxysms.

LII. It appears then, that although in the cholera, as in the diarrhœa, there exist dyspepsia and irritation of the chylopoietic viscera; that there probably exists also something more; that there is discovered an irritability of stomach, and a severe constitutional affection, greater than are the ordinary attendants on dyspepsia, especially when not yet of long continuance. The dyspepsia, &c. in the diarrhœa imply only debility of the stomach in the performance of its digestive functions; but in the cholera there

appear effects greater than, and different from those, which commonly belong to dyspepsia from debility. What is the cause of these greater and peculiar effects, is learnt in the examination of the body after death. In this examination it appears that the mucous membrane of the stomach, and of that portion of the small intestines most immediately connected with the stomach, has been affected with inflammation.

LIII. It is then to this inflammation of the mucous membrane of the stomach and small intestines, that the peculiar phenomena of cholera infantum may be traced, in the same manner as those of dysentery have been found to be owing to a similar affection of the large intestines. It is when this inflammation supervenes in the autumnal diarrhœa of infants that the disease assumes its serious and threatening aspect; and it is at this time that the popular remark is made, that now "the canker has seized the bowels."* This inflammation is no doubt much more extensive and more severe during life, that it is found to be after a slow and lingering death. In different cases it no doubt varies in extent and violence; whence it happens that the symptoms appear more or less fully, and that there are "cases intermediate" between this disease and the diarrhœa, as stated in section xxii.

* The author is ready to acknowledge his own error in having often unjustly ridiculed this popular distinction. The real similarity of the affection of the bowels to that affection of the mouth, vulgarly called canker, and described in section xxx. is very obvious. In the small intestines it is not commonly, if ever, accompanied by ulcerations, like those in the mouth; but in the large intestines this sometimes occurs. See note to † xxxvi.

LIV. A partial view of this subject might lead to the opinion, that the cholera does not differ from what we have called the diarrhœa of teething children, except in degree; that when the causes of the diarrhœa act with unusual force, or for a long time, they produce that disease in its more severe form, and that it is then called cholera. Such however we are persuaded is not the case. The cholera may be produced by the same remote causes, as those which produce the diarrhœa, only acting with greater force, or for a longer time. But the cholera does not appear to be merely an increase of the other disease. The evacuations in the diarrhœa may be frequent and copious for a considerable length of time, without producing that prostration and general irritation which ensue at once in cholera, even in cases where the discharges are not frequent nor copious; and those formidable effects will sometimes take place suddenly in cholera, when affecting children previously in full vigor. The cholera is not therefore a disease to be distinguished from diarrhœa as to its cause, only by greater debility in the parts affected. This conclusion is strengthened by comparing the effects of cholera with those of diarrhœa in young infants, as described in section xli.

LV. The inflammation of the mucous membrane of the stomach &c. which exists in cholera, is rather of the chronic than acute kind. It varies in force in different subjects, but is never, or very seldom, extremely severe. When it is so, it produces the symptoms of cholera suddenly and in great severity; and for the most part,

when not counteracted by medical treatment, it proves fatal in a short time. All this happens more readily if the inflammation be near the cardiac orifice of the stomach.

LVI. To the foregoing considerations it may be added, that the effects of inflammation of the mucous membrane of the stomach and small intestines, in subjects of all ages, are in the most important respects similar to those displayed in cholera infantum. This last disease has certainly individual features, which distinguish it from other diseases of the same family. It has been the endeavor of the author to point out those peculiar features, but the task is a difficult one, and he is not altogether satisfied with his own success. The causes of this individuality are to be sought in the characteristics of the subjects of the disease; and those are referable to age and to the process of dentition in which those subjects are engaged. See section i.—v.

LVII. A few remarks shall be added with a view to the *ratio symptomatum*. The effects of inflammation vary according to its kind and degree, according to the structure of the part affected, and according to the organ affected. To discuss the subject in all these respects would lead us too far. It will suffice to state that the following are the legitimate effects of the inflammation in cholera infantum.

First. The sensibility and the irritability of the parts will be augmented.

Second. The parts will cease to perform duly their proper or peculiar functions; as for instance the stomach will not digest food, or not without difficulty.

Third. The parts will secrete fluids different in quantity and quality from those secreted in health.

Fourth. The organs affected will be in some measure incapacitated from contracting strongly and vigorously to propel their contents; while, in consequence of the increase in their irritability and sensibility, they will frequently be excited to painful efforts for this purpose.

Fifth. Not only the organs immediately affected, but others, subsidiary to them, will have their secretions altered in quality, and for the most part increased in quantity.

Sixth. The constitution will be affected by sympathy; more powerfully, if the inflammation affects the stomach in any considerable degree; less, if it be confined to the bowels. Also the whole system will suffer, though not so immediately, from the want of nourishment.

A comparison of these remarks with the description of symptoms, will perhaps afford a sufficient explanation of those symptoms.

Of the Treatment of the Diarrhœa and the Cholera.

LVIII. In § xviii. the consideration of the mode of cure of the diarrhœa of teething children was deferred until the cure of cholera infantum should come under discussion. On this head our limits will not permit us to be very formal and precise; nor could we hope to avoid wearying our readers if we were so. At the same time, without some order, we cannot present our opinions in a mode sufficiently distinct.

LIX. The considerations and directions relative to the treat-

ment of these diseases may be ranged under two general heads, or divisions, viz. in reference to the remote causes, and in reference to the proximate causes.

LX. *The remote causes.* In some diseases the remote causes produce their full effects at once, or in a short space of time, and the diseases are supposed to go on in the same manner, whether the patients do or do not still remain exposed to those causes. It is not so in regard to these diseases. The continuance of the remote causes keeps up the morbid affections. Hence it is necessary to have reference to those causes in considering the treatment, and as far as possible to remove them. The remote causes of the diarrhoea of teething children have not been very formally stated, but a reference to the remarks on that subject will show that they are considered by us the same in kind, as those of the cholera infantum. We will then take up those causes as stated in § xxxix.

LXI. *Dentition.* This is a cause which cannot be altogether removed by art, but the evil effects arising from it may be in some measure obviated. The evils produced at the time when teeth are protruding, may be very much lessened by dividing the gums over such teeth. Through the whole course of these diseases it is of the first importance to watch the state of the gums, and whenever any one is either inflamed, or much distended, to divide it.

LXII. An apprehension is often expressed, that the cicatrix, occasioned by dividing the gum, will by its hardness obstruct the growth of the tooth. This is without foundation. In the pro-

cess of dentition, the gum is not divided mechanically by the tooth; it is removed by absorption; and a cicatrix is more readily absorbed than a sound part. From this consideration it is important that in dividing the gum, the incision should be made in the course which the tooth takes in its growth.* Also the incision should be made to reach the tooth, and should extend the whole length of its surface. In some instances it is necessary to repeat the incision for two or three days in succession.

LXIII. *The season.* This is one of the remote causes which cannot be removed; but its injurious effects may be in some measure obviated by avoiding exposure to extreme heat, and by frequent washing and bathing.

LXIV. *Improper food.* The diseases under consideration are not often produced without the concurrence of this cause. It is both predisponent and exciting. Hence its importance in regard both to prevention and to cure. The expression, improper food, is relative. The same food is not proper in every case, nor in every stage of the same case. That food is most proper which can be most easily and most perfectly digested. To state in detail what food is improper, would require too extensive an enumeration of articles; it will be more easy to state what is proper.

* It is not perhaps universally observed that the teeth, especially the incisors and cuspidati, are first denuded at the anterior part of the gum. On this account the lancet should be directed first from without inwards, on the edge of the gum until it strikes the tooth, and then should be made to bear directly upon the edge of the tooth in completing the incision. In dividing the gums of the double teeth, it is well to make a crucial incision.

LXV. All are ready to admit that the food provided by nature for the state of infancy is the most proper for that state. The only questions are, how long this food continues to be most proper? and whether it continues to be preferable to other food, when children are affected with the diseases under consideration? As regards the period for which it continues to be useful, the remarks which might be made in this place are anticipated in § xxi. In respect to the question, whether this is to be preferred to other food in these particular diseases, the answer generally is in the affirmative. At certain times, as when the symptoms of *cholera infantum* are most exquisite, the stomach will not admit of food of any sort. But when any nutritive substance can be used with safety, the milk directly from the breast of a healthy nurse, will be found the most grateful to the palate, and the most easily retained and digested by the stomach.

LXVI. Next in order of preference is animal food. This is not however next when the stomach is in the most irritable state, and when we suppose its mucous coat to be much inflamed. At this time, aqueous liquids rendered slightly aromatic, or with the addition of a small quantity of farinaceous nutriment, are the most appropriate. The circumstances under which food of each description is to be preferred, may be determined by the following consideration.

LXVII. Animal food is the most easy of digestion, and the changes it undergoes in the stomach are effected in a shorter time, than those of vegetable food. But it is more stimulating when

first swallowed; and if it is not digested, but is left to go through its chemical decomposition in the stomach, it then putrifies, and is more offensive to that organ than vegetable food is under analogous circumstances. Hence the following rules may be derived. 1st. When the stomach is capable of digesting food and there is some appetite, to administer animal food. 2d. When the appetite is very much impaired, or entirely destroyed, or when it appears that the digestive powers fail altogether, then the little nourishment which is administered should be of the vegetable kind. In this case the farinaceous and mucilaginous substances are to be preferred.

LXVIII. Next then to the milk of the human breast as nutriment, may be placed solid animal food in most cases. But some variety is necessary, and some proportion of liquid nourishment is at once most grateful to the palate and most agreeable to the stomach, especially in infancy. Cow's milk is the best food of this description, where the patient does not nurse. But in some instances this food will not be digested, and it is then necessary to substitute the decoctions of animal substances. In order to prevent any evil consequences from the use of cow's milk, it should be used only when fresh from the cow; it may often also be rendered more suitable by medicating it with lime water. One part of lime water may be mixed with two of milk; and, if the patient has profuse liquid stools, it is useful to boil this mixture.

LXIX. Decoctions of animal food, and the juices expressed from beef boiled or roasted, may

sometimes be advantageously employed, when neither meat nor milk can be easily borne. Small quantities of arrow-root, &c. may be employed occasionally under the same circumstances. Most frequently bread may be eaten in the diarrhœa, but not often in the cholera. The hard bread, which has not been fermented, is to be preferred.

LXX. Much regard must be paid to the quantity of food and to the frequency of administering it. The quantity taken at one time should be small; for a stomach diseased and enfeebled must not be required to perform much labor, whatever need of nourishment may be felt by the rest of the system. In some instances, where the stomach is most irritable, it is necessary that only one teaspoonful of liquid be exhibited at a time, and this not oftener than once in half an hour, or an hour. In general the frequency of giving nourishment must have relation to the quantity. Where solid nourishment is given, time should be allowed for each portion of it to be digested before repeating the supply. This time should never be less than four hours even when the quantity is exceedingly small; and generally should be six or eight hours. One important caution respecting the ingesta should not be omitted. While the utmost care is exercised to give such food as is most proper, the benefit of this care will often be lost, if in addition there be admitted any, even the smallest, portion of food which is less digestible.

LXXI. As much caution is requisite in respect to the drinks as to the food employed. They should be in general neither acid

nor acescent; and should be exhibited in small quantities. Yet some latitude may be allowed in respect to acescent liquids, if care be taken to ascertain that inconvenience does not ensue; for such liquids are sometimes not only grateful, but even serviceable. In the worst cases only aqueous and spirituous liquids should be permitted. Although it is generally most prudent to limit the quantity very much; yet sometimes a full potation of some grateful beverage is very salutary. It cannot always be determined when this indulgence may be allowed with safety. In general, however, it may be tried, when the thirst is very great, when the stomach is not very irritable, and when the skin is hot and dry.

LXXII. *Restraint from exercise in the open air* is the next of the remote causes. This is a cause which it is not easy to obviate in our large towns. In these, young children cannot be kept in the open air without attendants. From this cause, from groundless apprehensions in respect to exposure to the weather, or from negligence, it happens that very few of our young children are permitted to exercise freely and habitually in the open air. Although in some cases the operation of these causes may be obviated, yet in the majority of instances this restraint cannot be sufficiently removed. Children should be kept out of the house three or four hours in a day, avoiding the evening when cool; and, when extremely hot, the noon time. They should not however be kept in the house all day, except for very bad weather. When affected with the diseases under consideration,

these rules should be complied with as far as the strength of the subjects will permit.

LXXIII. *Impure atmosphere.* The impurity referred to (§ xlix.) is that which belongs to cities. The removal from town to country should always be advised in alarming cases of the diarrhœa or cholera, where the measure is practicable. It is even to be advised as a measure of prevention, where these diseases are threatening. One practical caution is necessary on this subject. When a patient has been apparently restored by such a removal, he should not be returned from the country while the unhealthy season continues; that is, until after the middle of October. By neglecting this caution, many lives have been lost.

(To be continued.)

II.

RE-VACCINATION.

By W. CHANNING, M.D.

SOME months since a case of varioloid disease appeared in one of the patients in the Massachusetts General Hospital. This gentleman, a student of medicine, had seen the cases of varioloid in the neighboring village of Brookline. He was attacked with fever after a longer interval than commonly occurs between exposure to the disease and its precursory febrile symptoms. He was treated for the same by the writer until the symptoms had so far subsided, that he was considered convalescent; and being in a very unfavorable situation for rapid recovery, a crowded boarding house, he asked to be removed to the Hospital. A longer time had elapsed from the febrile at-

tack than is usual before eruption, and he was admitted in the belief that it was not a precursor of varioloid. The day after his admission a rash appeared upon various parts of the body, and the following morning the varioloid disease was fully declared. He was in a few hours after removed to Hospital Island.

A good deal of alarm arose among the inmates of the house in consequence of the above occurrence, and I immediately provided myself with vaccine matter, in order to vaccinate every one who felt the least anxiety. There were seven individuals among these who had not been vaccinated; a greater portion of these were children who had been admitted into the house for surgical operations. There were twenty-five adults, most of them domestics and nurses, and some of the hired watchers, who had been vaccinated, who requested to be re-vaccinated. Very few of these had seen the varioloid patient, as he occupied a room by himself, and his room opened into a hall, in the centre of the building, the wards for the majority of the patients being in the extreme wings.

The seven cases above stated all had the vaccine disease after the most perfect manner. The adults were not more sick with the fever which ordinarily attends the disease at its height, than is common in this class of patients. The swelling of the vaccinated arm, and the accompanying inflammation in the neighborhood of the vesicle, was thought to be greater than in ordinary seasons. In two or three cases, this extended to the shoulder, and in one at least, below and around the elbow joint.

A very brief statement follows

of the cases of *re-vaccination*. The time of the first vaccination is given in many of them. This was particularly attended to; because an opinion has prevailed, and with some, still prevails, that after a certain number of years, fixed I believe by a majority at *seven*, the protecting power of the vaccine is worn out, and the individual becomes susceptible again of smallpox. The greater number of these patients were re-vaccinated on the same day, and the following record was made on the *third* day after in each.

1. E. H., vaccinated 12 years ago, scar small, genuine. Re-vaccinated Dec. 29th, 1827. 3d day, recent punctures, slight red, elevated, not large.

2. H. B., vaccinated 2 years ago. Scar doubtful. Re-vaccinated, no effect. Again vaccinated, slight redness about puncture, but this disappeared in a day or two.

3. M. W. Scar small, perfect. Vaccinated 18 years ago. Re-vaccinated, punctures much inflamed, broad, irregular, elevated.

4, 5. D. G. and M. G. Some inflammation, and fulness where matter was inserted.

6. W. B., vaccinated 10 years, scar small, perfect. Re-vaccination, light red, elevated, broad.

7. J. B. S. J. Scars large. Vaccinated 20 years. Re-vaccination like No. 3.

8. C. D., vaccinated 5 years ago, scar small. Re-vaccination yellowish red, as if bruised, diffused, irregular, large,—resembles bite of insect, much itching.

9. L. C., vaccinated three years ago, scar small. A very small slightly red pimple, where matter was inserted.

10. H. L., vaccinated 15 years since, scar large. One of the recent punctures very broad; red; around hard, hot; the other has some of these characters, but all in a less degree.

11. P. C. Puncture as if no matter had been applied.

12. T. H., vaccinated one year since. Very slight effects from re-vaccination.

13. E. A. Like 12.

14. T. W. Like 12.

15. S. E., vaccinated 12 years since. Recent puncture more like the genuine disease; these appearances, however, subsided rapidly, and no perfect vesicle was formed.

16, 17. M. L. and M. S. Like 12.

18. J. B. M., vaccinated 30 years ago. Like 12.

19. A. W., vaccinated 16 years ago, scar small, perfect. Re-vaccinations, large, red, elevated, irregular edges, much inflamed.

20. O. H., assistant nurse, aged 20, vaccinated 10 years ago. Says the disease was perfect. Two scars on arm; one of these is large, smooth, and without pits; the other small, smooth, but less distinct; says the last was left by an issue which was established many years ago there; and the first was left by vaccine disease. In this case re-vaccination was followed by vesicles which resembled the genuine disease, but which passed through their stages too rapidly, and without marked constitutional symptoms.

It is unnecessary to continue the record through the other cases. It will be remembered that it extends only to the *third* day from re-vaccination. The appearances on this day were quite striking. In a majority of them, however,

they were such as no one conversant with those which the genuine disease exhibits at that period, would have confounded with the true vaccine. A peculiar agent had been inserted under the cuticle, and the consequence, almost the immediate result, was that hurried, irregular, excessive action, which such a cause is calculated to produce. No constitutional symptoms whatever occurred. The immediate action of the virus ended with itself; and, without forming the true vesicle, began very soon to subside, and with it the local disease which had been excited. These cases were frequently examined. They were in the same house, and many in the same room, with cases of the genuine disease, and could be, and were, compared with them. How far these individuals, or any of them, were susceptible of the varioloid, is a question which will not be discussed. The cases show that a local disease may be produced, by the vaccine matter, in persons who have had the genuine disease, none of the characters of which, however, belong to cowpox.

III.

SELECTIONS FROM FOREIGN JOURNALS.

Spurred Rye in retained Placenta.

By R. RENTON, M.D.

On Sunday, the 13th of January, 1828, I was requested by Dr. Moncreiff to visit a Mrs. G. aged 30, the mother of two children, supposed to be ill of fever, but who had that morning at 8, given birth to a fœtus between the third and fourth month.

The placenta had not been expelled at 3, P. M. when I first

saw her, and it was in consequence of its detention, having created alarm in the mind of the patient and her friends, that my attendance was requested. From particular circumstances, I found it impossible to make an examination, so that no correct opinion could be formed of the real situation of the placenta. As the patient was of a very spare and feeble habit, and seemed much exhausted from fatigue as well as flooding, I recommended the adoption of the usual means in such cases, and took my leave. At my visit on Monday I found her somewhat refreshed; she had passed a good night; had suffered no pains; and the discharge had abated in some degree. On examination I found the anterior part of the *cervix uteri* much distended, which I attributed to the presence of the placenta or coagula, or of both. The placenta was found situated within the *os uteri*, but from the impossibility experienced in attempting to dislodge and extract it, I was satisfied that an adhesion existed between it and the anterior part of the *cervix uteri*. As the patient had complained of few after-pains, and of none three hours after the expulsion of the fœtus, the inactivity of the uterus, in addition to the adhesion of the placenta, was obviously an indirect cause of the detention of the after-birth. In order to induce uterine contraction, stimulating clysters were recommended to be thrown up the rectum, and moderate pressure applied to the uterus by means of bandaging round the body. These means were persevered in during Tuesday and Wednesday, without having produced the least effect on the uterus. As there were good grounds

for apprehending a sinking of the general system, partly from the drain that had been kept up for several days, notwithstanding the means adopted to counteract it, as also from the constitutional mischief likely to arise from the presence of a putrid placenta in the uterus, the signs of which had now become very evident, I regarded the case as a most favorable one for subjecting the *Secale cornutum* to the test of experiment. On Wednesday evening a drachm of it was infused in four ounces of boiling water for half an hour, the one-half of which was directed to be taken at half-past nine, and the remainder in an hour, if no pains occurred. Both doses were taken without having had apparently any effect. In rather less than half an hour after swallowing the last dose, uterine contraction commenced, which continued with intervals of about two minutes between the pains, till 6, A. M. the following morning, each contraction having been accompanied and followed by sanguineous discharge, both in a liquid and coagulated form. The patient complained of the severity of the pains, and represented them as violent as those she had experienced during her former confinements. The greater portion of the placenta had been expelled during the night; but on examination a part still was found adhering to the uterus. On explaining to her the object in giving her the medicine, she agreed to take another dose in the evening, if the remaining portion of the placenta should not be discharged. This was, however, not found necessary; for in the effort of pressing at stool in the course of the evening, the remainder of the pu-

trid diseased placenta was expelled; after which her recovery became progressive, and is now complete.

Two facts worthy of remark present themselves. 1st. That the uterus had given no evidence, either to the patient or her attendants, of any disposition to expel its contents later than three hours after the expulsion of the fœtus. 2d. That within half an hour after the last dose of the rye, uterine contraction ensued, which continued for the space of seven hours,—a most unusual occurrence in such cases, particularly in feeble constitutions, rendered more so by protracted flooding.—*Edin. Med. and Sur. Jour.*

The increasing obstacles to the prosecution of practical anatomy, and the wretched state to which surgery, and the medical profession generally must be reduced, unless men of enlarged views, of wise and liberal minds, take a deep and proper interest in the subject, is engaging much attention in England. The following contains a short account of what has been recently done in that kingdom in regard to it.

*House of Commons, Monday,
March 24.*

Mr. DUGDALE presented the following Petition from the Physicians and Surgeons of Birmingham, complaining of the inconvenience by numbers of their profession from the want of bodies for dissection, and calling upon the House to remove the impediments which were at present thrown in the way of the cultivation of anatomical science.

"To the Right Honorable the Commons, &c.

WE, the undersigned, physicians

and surgeons of the town of Birmingham, respectfully implore the attention of your right honorable House to the urgent necessity of adopting some measures to remove the impediments to the cultivation of the science of Anatomy.

Unfortunately deprived of legislative authority, exhumation is, at present, the only method by which bodies can be procured for anatomical purposes, a method painful to the feelings of the public, and opposed by the laws of this realm.

In various parts of the continent of Europe the prosecution of the science of Anatomy is protected by their respective governments, and every facility afforded for its liberal and extended cultivation; hence, the youth of Great Britain, designed for the medical profession, are compelled to proceed to foreign countries in pursuit of that information which is denied to them here.

As the practical surgeon is formed only by the laborious study of Anatomy and actual Dissection, your petitioners presume not to dwell upon the advantages to be derived by the public service and society at large, by attention to their prayer.

Your petitioners most earnestly solicit your right honorable House to take this important subject into its serious consideration, and adopt such measures as in its wisdom may be deemed fit.

And your petitioners will ever pray."

Sir H. FERGUSON thought that few, if any, such petitions had ever before been presented to that House; but he could not help thinking that the subject now called to their attention, perhaps for the first time, deserved the

most serious consideration of the House. It was a matter of the most vital importance, and the difficulty of procuring subjects was at present so great, that he feared, if it were suffered to continue, the teaching of anatomy must stop, and the schools would be deserted for the want of means to offer instruction to the pupils.

Sir J. YORKE said, he had presented some petitions of this kind in the course of last year, and he was glad that the attention of the house was now recalled to the subject. He wished for a declaratory law, the object of which should be, to let the public know that any one *in articulo mortis* was at liberty to sell his body for anatomical purposes, and to allow executors, administrators, and assigns, to give over the bodies of such persons to the purchasers. He was certain that if such a law was passed, there would be bodies in abundance; for there were few paupers who would not be glad to leave ten guineas to their widows; and the practice, thus introduced, would have this particular advantage about it, that those who went out of the world with any particular disease would be known to the medical profession, who would purchase their bodies, and thus be better enabled to ascertain the nature of that disease, and its effects upon the human frame, than they could possibly hope to do when, as at present, they were generally supplied with healthy subjects, that were only good for the purpose of teaching the younger pupils the common processes of dissection. He thought the House should state the law to be what he had mentioned; for now he believed it was generally considered that such a disposition of

the body by the executioner, although under the directions which the testator had given, was not authorised by law.

Mr. WARBURTON said, that in a short time he should move for a Committee to inquire into the subject which the petition had brought under the notice of the House. He had determined on doing so, in consequence of the particular request of some of the first surgeons in the metropolis. In a subsequent part of the evening, the Hon. Member fixed his notice of motion on this subject for Thursday next.

Mr. P. THOMPSON thought, that among the alterations of the criminal law, the House might introduce one which would materially assist in destroying the prejudice now commonly entertained against anatomical dissection. One of the concomitants of the severest penalty of the law was, in some cases, the handing over the body of the malefactor for dissection, and that circumstance tended to create a strong feeling of prejudice, which would probably cease to exist when that part of the law was altered. There was no such feeling in France, where bodies might be procured at ten francs each; in consequence of which there was no want of subjects for the schools, and the science of anatomy was taught under much greater advantages than in this country.

The petition was brought up, read, and ordered to be printed.

Lancet.

On the period of the disease at which Measles begins to be infectious.

Various opinions have been entertained regarding the period at

which smallpox, measles, and other exanthematic diseases begin to be capable of propagating themselves. It is unnecessary for our present purpose to particularise these opinions and the foundations on which they rest. It is enough to mention that many believe measles in particular not to be infectious till the eruption has broken out. The following observation lately made by Dr. Harnier of Pymont establishes satisfactorily the contrary. A London merchant set off from London for Pymont on the 30th of June 1825, along with his wife and three children, leaving behind, under the charge of a nurse, a fourth child, who had been attacked the day before apparently with catarrh. The party arrived at Pymont on the 8th of July, and had not been long there before they heard from London that the illness of the child left behind had turned out to be the measles, the eruption having appeared on the 1st July. Meanwhile one of the children at Pymont, the play-fellow of the one left behind, had been taken ill on the 9th with what appeared to be a common catarrh, and the rest of the family were not kept apart from it till the 11th. On the 12th the eruption of measles broke out. On the 24th and 25th of the same month the two other children, and three little girls belonging to the house where the family lodged, likewise fell sick, and in due course of time all of them had the eruption of measles. The five little patients had not seen the second child after the 11th, the day before the appearance of the eruption, and the three girls of the Pymont family had even been sent out of the house altogether. There was not a case of

measles at that time in Pymont, and in consequence of the strict seclusion of the different patients, the disease did not spread.

Rust's Mag.

On the Treatment of Intermittent Fever by the application of Sulphate of Kina to the Skin.

Doubts have been justly entertained whether the skin is capable of absorbing substances applied to it, unless the cuticle is previously abraded, or the substance is thrust through the cuticle by friction. It is agreed on all hands, however, that the surface of the true skin, stripped of its protecting cuticle, absorbs with rapidity; and our readers are probably aware that advantage has been lately taken of this physiological fact, in order to introduce into the system medicines which cannot be administered in sufficient quantity internally. M. Lesieur of Paris seems to have been the first who suggested the method now alluded to, and it has been since applied by himself and others to the administration of various active remedies. The paper of which a short analysis follows, is descriptive of the mode of treating intermittent fever by sulphate of kina administered in this way; and certainly the success and advantages held out by the author, M. de Martin, are very flattering. He states, that when the sulphate of kina is applied in a convenient form to a freshly blistered surface, it never, even when used in small quantities, fails to check the disease at once. In a state of purith it is ineligible, as it very soon irritates and inflames the surface of the true skin which is exposed to it, exciting livid redness, causing the formation of a gelatinous pseudo-mem-

brane, and even destroying here and there the vitality of the surface of the skin, so as to produce small superficial sloughs. But when it is mixed in a state of fine powder with cerate, no such effects are produced, and in a short time it all disappears. The advantages of introducing the remedy through this channel are, first, that it can be safely and efficaciously used, when, owing to irritation or congestion in the alimentary, it is either unsafe to administer it internally, or useless, on account of its being rapidly discharged by vomiting or purging; secondly, that a less dose acts with equal power; thirdly, that it acts more rapidly as the system is sooner brought under its influence; and lastly, that it can easily be administered to those who are averse to taking internal remedies, and more particularly to refractory children.—The circumstances connected with the action of kina through the skin, illustrate well its mode of operation. M. de Martin remarks, that it cannot act by effecting a revulsion, or as a counter-irritant, because local irritation is not only not necessary to success, but even also prejudicial; for he has invariably found that the remedy was least certain in its effects, and that the largest doses were required when inflammation was excited. This is easily explained on the principle that it acts through absorption; for the gelatinous effusion which is thrown out in the cases in which inflammation is caused, obstructs its access to the absorbing surface. In point of fact, a great part of the powder always disappears when inflammation is not produced. The following cases will serve as ex-

amples of the author's plan of treatment. *Case VI.* A stout man, 35 years of age, had been affected for three months with a quartan ague, which had been checked four times by various preparations of cinchona. In the fifth attack, M. de Martin found him at the commencement of the fit with a frequent, strong, hard pulse, intense heat, flushed countenance, frequent strong cough, mucous expectoration, short breathing, pain under the left nipple, and a dry, red tongue. On account of the pulmonic affection, sixteen ounces of blood were taken from the arm. The fit returned again three days afterwards. Next morning, a blister having been applied three days before, and the part continuing to present a fresh surface, six grains of sulphate of kina were mixed with the cerate with which it was dressed, and twenty-four hours afterwards the dressing was changed, and six grains more applied in the same manner. He had not any return of the fit, and from that time improved rapidly in general health. The blistered surface was not in the slightest degree irritated. *Case V.* A woman, 23 years of age, long liable to pulmonary catarrh, and affected for a year previous with wandering pains in the chest, oppression there, and dry cough, was attacked towards the end of November 1826, with quotidian ague, of which she was cured by the internal exhibition of sulphate of kina. Towards the close of December the disease returned, still in the quotidian form. During the fit the heat was intense, the pulse strong and frequent, the general oppression considerable, the breathing difficult, and interrupt-

ed by paroxysms of violent cough. She was bled to eight ounces during the second paroxysm. On the morning of the third day, four grains of the sulphate of kina, mixed with cerate, were applied to an old blistered surface. The paroxysm never returned. The dressing was renewed every twenty-four hours for four days. The cough and difficulty in breathing continued after the ague had long ceased. The blistered part became somewhat red at first, and a thin pseudo-membrane was formed; but the irritation, slight from the beginning, gradually diminished, and at length disappeared before the fourth dressing. *Case II.* This case exemplifies the kind of local inflammation which is caused by the remedy when not mingled with unctuous substances, as well as the effect of the inflammation in preventing its being absorbed. A soldier had suffered in the course of five months repeated attacks of tertian intermittent, and came under M. de Martin's care after the third paroxysm of a relapse. On the morning of the day on which he expected another, six grains of powdered sulphate of kina were sprinkled on a freshly blistered surface. The paroxysm appeared soon afterwards. Next morning the blistered surface had a deep red color, was covered with a gelatinous exudation, and likewise showed here and there little yellow spots, which consisted of particles of kina covering little depressions in the cutis vera. Six grains of sulphate of kina were again applied, however. But now the pain became so intense, and the surface so red, that it was necessary to remove the powder, and apply a poultice. On the

third morning the blistered part was covered with a thick, livid, moist eschar, having red edges, from which serum was discharged. The paroxysm reappeared this day, and again on the third, fifth, seventh, and ninth days afterwards. During this period the eschar became first black and dry, then round the edge soft and yellowish; and this softening extended inwards in the way usual with superficial eschars of the skin. After the sixth paroxysm the sulphate of kina was given internally, with the effect of checking the disease at once.

Revue Medicale.

BOSTON, TUESDAY, JUNE 17, 1828.

Manual of Pathology; containing the Symptoms, Diagnosis, and morbid Character of Diseases: together with an Exposition of the different Methods of Examination, applicable to Affections of the Head, Chest, and Abdomen. By L. MARTINET, D. M. P., &c. Translated, with Notes and Additions, by JONAS QUAIN, A. B., &c. Philadelphia, 1827.

This is an excellent work. It has been compiled from the best French writers, and the author's own opportunities of observing disease add greatly to its value. To the student, but especially to the young practitioner, this volume is particularly applicable. Mr. Martinet has descended to minute details under an excellent order, and shows how important it is not merely that the whole truth in disease should be known, but that it should be arrived at by such steps as will not fail to present it to the mind after the most useful manner. His methods proceed on the best

principles of diagnosis, that difficult but invaluable department of medicine, and the individual symptoms which distinguish diseases, the facts in cases, are here shown after a simple and very striking manner. It is to be regretted that the type in the American edition is so small. It is a manual, to be sure, and were it only for the pocket, this would be of less consequence; but it is also a work for study, which its present size and type will render to some readers no easy task.

BOSTON MEDICAL ASSOCIATION.

Benjamin T. Prescott, M. D. and Charles T. Greene, M. D. have been admitted members of the Association, since March 29, 1828.

Attest, J. G. STEVENSON,
Sec'y B. M. A.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending June 6, at noon.

May 30.	John B. Laurent,	55 yrs.
	Willard Martin,	5 mo.
	Edner Fling,	10 wks.
	James A. Harrod,	4 mo.
	Augusta B. Lincoln,	21 yrs.
	Sibyl Doolittle,	4
June 1.	Capt. Samuel Child,	49
	Elizabeth C. Miller,	20
	David Harris,	1 mo.
	Ellen Cole,	9
	Sarah Ann Prouty,	18 yrs.
3.	Edwards P. Fitzgerald,	5 wks.
	Owen McGarahan,	28 yrs.
	Mary Boyd,	64
	Emily Johnson,	3
4.	Nancy Johnson,	28
	Susan Henley,	44
	David Porter Hill,	5
5.	Helen M. Fracker,	1 1-2
	John Howe,	64
6.	Abby P. Allen,	10 mo.
	Sarah Walker,	4 yrs.

Brain fever, 1—consumption, 8—croup, 1—hooping-cough, 4—lung fever, 4—unknown, 3—stillborn, 3. Males, 10—females, 12. Total, 22.

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C. W. returns his grateful acknowledgment to the Physicians, his friends and the public, for their liberal support, and hopes by strict personal attention to Physicians' Prescriptions, the compounding and delivery of Medicine, to have a continuance. April 22.

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